

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WI  
RM PTO-875)

SERIAL NO.

10/532879,

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
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43			/			
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46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			2			
TOTAL DEP.			48			
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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98						
99						
100						
TOTAL IND.			0			
TOTAL DEP.			35			
TOTAL CLAIMS			35			